

FORM B: APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page completed, and proper signatures and date included	<input type="checkbox"/>	
B	Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Abstract	<input type="checkbox"/>	
F	Organizational History and Capacity Included with organizational chart attached	<input type="checkbox"/>	<input type="checkbox"/>
G-1	Target population and intervention coversheet completed and included	<input type="checkbox"/>	<input type="checkbox"/>
G-2	Targeted Intervention Plan Form(s) completed and included	<input type="checkbox"/>	<input type="checkbox"/>
H	Objectives completed and included	<input type="checkbox"/>	
I	Process and Outcome Monitoring Form completed and included	<input type="checkbox"/>	
J	Quality Assurance Plan completed and Included	<input type="checkbox"/>	<input type="checkbox"/>
K-1	Categorical Budget Justification(s) completed and Included	<input type="checkbox"/>	<input type="checkbox"/>
K-2	Justification for Equipment Purchase Form completed and included	<input type="checkbox"/>	<input type="checkbox"/>
K-3	Justification for Equipment Purchase over \$25,000 Form completed and included	<input type="checkbox"/>	<input type="checkbox"/>
K-4	Itemized Equipment List completed and included	<input type="checkbox"/>	<input type="checkbox"/>
K-5	Subcontractor Data Sheets for all proposed subcontractors completed and included	<input type="checkbox"/>	<input type="checkbox"/>
K-6	Fee-for-Services Form(s) completed and included	<input type="checkbox"/>	<input type="checkbox"/>
L	HUB Forms completed and included	<input type="checkbox"/>	<input type="checkbox"/>
M	Nonprofit Board of Directors and Executive Director Assurances included	<input type="checkbox"/>	<input type="checkbox"/>
N	HIV Contractor Assurances signed and included	<input type="checkbox"/>	<input type="checkbox"/>
O	Assurance of Compliance with AIDS-related materials signed and included	<input type="checkbox"/>	<input type="checkbox"/>
P	Statement of Understanding and Agreement signed and included	<input type="checkbox"/>	<input type="checkbox"/>
Q	Referral Form Completed and Included	<input type="checkbox"/>	<input type="checkbox"/>